State of Connecticut
GENERAL ASSEMBLY

PERMANENT COMMISSION ON
THE STATUS OF WOMEN

18-20 TRINITY STREET
HARTFORD, CT 06106-1628
(860) 240-8300
FAX: (860) 240-8314
Email: pcsw@cga.ct.gov
www.cga.ct.gov/PCSW

Testimony of
Natasha M. Pierre, JD, MSW
Legislative Director
The Permanent Commission on the Status of Women
Before the
Public Health Committee
Monday, March 3, 2008

In Support of:
SB 243, AA Requiring Acute Care Hospitals to Make Forensic Nursing Services Available to Patients
SB 458, AAC Linguistic Access in Hospitals and Diversity in the Health Care Workforce
SB 459, AA Promoting the Early Detection, Diagnosis and Treatment of Lung Cancer, Breast Cancer and Cervical Cancer
SB 461, AAC Teenage Pregnancy Prevention Programs
HB 5705, AAC the Prevention of Cardiovascular Disease through Community-Based Physical Activity Programs

Senator Handley, Representative Sayers and members of the committee, thank you for this opportunity to provide testimony on several bills before you today on behalf of the Permanent Commission on the Status of Women (PCSW), The Young Women's Leadership Program (YWLP) which represents women ages 18 to 35, and the Connecticut Women's Health Campaign (CWHC), a statewide coalition of organizations representing consumers, providers and

policy experts who have been committed to and working for the health and well-being of Connecticut women.

SB 461, AAC Teenage Pregnancy Prevention Programs

PCSW and CWHC support passage of SB 461, which would establish a state grant program to assist school boards in developing teenage pregnancy prevention programs, because it is essential that comprehensive, age-appropriate, medically accurate information about sexual health is provided to teenagers.

Research shows that teenagers who receive sex education that includes discussions on contraception are more likely than those who receive abstinence-only messages to delay sexual activity and to use contraceptives and condoms when they do become sexually active. In addition, the overwhelming weight of scientific evidence suggests that addressing abstinence *and contraception* does not increase sexual activity.[1] Rather it teaches teens how to be responsible if they engage in sexual activity. Research has shown that comprehensive sexuality education programs result in consistent condom use among teenagers who are sexually active.[2] This is particularly important because 64% of sexually active teenagers in Connecticut did not use condoms the last time they had sex.[3]

Many parents do not talk with their children about sex, because they are uncomfortable, do not know what to say, and mistakenly think that schools are doing the job.[4] However, Connecticut has no designated funding stream for comprehensive sexuality education in schools. Passage of SB 461 will ensure that Connecticut's youth have access to medically accurate, age-appropriate sex education to provide them with the necessary skills to make safe and responsible choices surrounding their sexual health.

SB 243, AA Requiring Acute Care Hospitals to Make Forensic Nursing Services Available to Patients

PCSW, YWLP, and CWHC also support the intent of SB 243, which would require acute care hospitals to make forensic nursing services available to patients.

We first became aware of forensic nursing through our role as an appointed member of the Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations. We thank you for your continued support of forensic nursing initiatives and urge you to consider requiring that forensic examiners are also trained in sexual assault cases. We say this because

---

[1] ibid

[2] ibid

[3] State of Connecticut, Department of Public Health, Connecticut School Health Survey (2005)

[4] National Campaign to Prevent Teen Pregnancy, Sexual Behavior of Young Adolescents, 2003

during our time on the committee we have learned of several issues that are particular to sexual assault victims. Attitude, tone, and accessibility are all issues that have to be carefully approached when assisting sexual assault victims. We encourage that any program that is implemented specifically address the special needs involved in examination and evidence collection in sexual assault cases, including the emotional sensitivity that is required, and 24-hour access to someone that understands the trauma involved in such a personal violation.

SB 459, AA Promoting the Early Detection, Diagnosis and Treatment of Lung Cancer, Breast Cancer and Cervical Cancer

PCSW support SB 459 which makes changes to enhance the breast and cervical cancer screening programs. The PCSW has supported the Breast and Cervical Cancer Detection and Screening program (BCCEDP) since it was initiated in 1995 because it provides screening for the early detection of breast and cervical cancers among low-income and uninsured women who are typically underserved. Since its inception, it has screened 35,000 women - 350 were diagnosed with breast cancer and 201 were diagnosed with cervical cancer. In FY 2004-2005, 8,100 women were screened.[5]

Breast cancer is the second leading cause of cancer death among North American women.[6] Timely mammograms among women 40 years and older could prevent 30% to 48% of all deaths from breast cancer.[7] There are significant racial and ethnic health disparities for breast cancer. In Connecticut, White women have a breast cancer incidence rate of 135.5. This rate is higher than Blacks (121.7), Asian and Pacific Islanders (109.3) and Hispanics (107.2). However, Black women have a higher estimated mortality rate than White women, 33.8 and 25.4 respectively.[8] The disparity between incidence and mortality rates is attributed to Black women being diagnosed with breast cancer at a later stage, when five-year survival is less likely.[9] This data strongly suggests that early detection of breast cancer in Black women would reduce the disproportionately high mortality rates experienced by this group.

Cervical cancer, once the number one cancer killer of women, now ranks 13th in cancer deaths for women in the United States, largely due to introduction

---

[5] Connecticut Statistics on the BCCEDP provided by Lisa McCooey, Department of Public Health, 2/06.

[6] Humphrey, L., Helfand, M., Chan, B., & Woolf, S. (2002). Breast cancer screening: A summary of the evidence for the U. S. Preventive Services Task Force. *Annals of Internal Medicine*, 137 (5, Part 1): 347–360.

[7] Smith, R., et al. (2003). American Cancer Society guidelines for breast cancer screening: update 2003. *CA: A Cancer Journal for Clinicians*, 53: 141–169.

[8] National Cancer Institute. *State Cancer Profiles 2002*, http://statecancerprofiles.cancer.gov/incidencerates/incidencerates.html

[9] Ries, L.A.G., M.P. Eisner, C.L. Kosary, et al (eds). 2001. *SEER Cancer Statistics Review, 1973-1998* Bethesda, MD: National Cancer Institute.

of the Pap test. When cervical cancers are detected at an early stage, the five-year survival rate is approximately 92 percent.[10]

HB 5705, AAC the Prevention of Cardiovascular Disease through Community-Based Physical Activity Programs

PCSW supports HB 5705 which would establish community-based physical activity programs that assist in the prevention of cardiovascular disease. In Connecticut, the leading causes of death for women are major cardiovascular disease, cancer, diabetes, chronic lower respiratory, and HIV/AIDS.[11] There is a clear racial and ethnic disparity as African-American and Hispanic women are at a greater risk for these diseases than White women.[12] African-Americans are at greater risk for heart disease, stroke and other cardiovascular diseases than Caucasians. The prevalence of these diseases in Black females is 49%, compared to 35% in White females.[13] The risk of heart disease and stroke increases with physical inactivity. Physical inactivity is more prevalent in women, African-Americans and Hispanics.

SB 458, AAC Linguistic Access in Hospitals and Diversity in the Health Care Workforce

In addition to convening the CWHC, PCSW sits on the Multicultural Health Advisory Commission. We are particularly concerned about gender, racial, and ethnic diversity in the health care workforce because there is a clear racial and ethnic disparity as African-American and Hispanic women are at a greater risk for certain diseases than White women. The extent of the problem with Asian populations is unknown due to lack of sufficient data. We believe that the lack of diversity, including language barriers, impacts the quality of care for gender, racial and ethnic communities.

According to the Center for Women in Politics & Public Policy, Blacks and Hispanics make up more than 18% of the population, but represent less than 5% of doctors, 8% of dentists, and 8% or registered nurses are Black and Hispanic. Although females dominate in the registered nursing and diagnostic fields at 92% and 77% respectively, they represent only 25% of doctors.

When race is considered the numbers are even lower for women of color. Of the female healthcare workforce, women of color are 7% of doctors; 4% of dentists; 9 % of registered nurse, and 11% of diagnostic technicians. The only

---

[10] Saslow, D., et al. (2002). American Cancer Society Guideline for the Early Detection of Cervical Neoplasia and Cancer. *CA: A Cancer Journal for Clinicians*, 52:342-362.

[11] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *Mortality by State, Race/Ethnicity, Gender, Age and Causes, 1999-2002*, accessed 9/05 at http://www.cdc.gov/nchs.

[12] The extent of the problem with Asian populations is unknown due to lack of sufficient data.

[13] American Heart Association. *Heart Disease and Stroke Statistics – 2007 Update (based on 2004 figures).*

areas in which women of color are significantly represented are as LPNs at 21.7% and health aides at 33.9%.

Inability to communicate with a health care provider can result in serious injury or death. An estimated 22,000 Medicaid recipients in Connecticut face an additional barrier to accessing health care due to limited English proficiency.

We look forward to working with you to address these important issues. Thank you for your consideration.